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MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28823  
Registrar's No. 65

Registration District No. 13

Primary Registration District No. 5055

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural - Capps Creek  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community one month  
years, months or days

3. (a) PRINT FULL NAME Arnie Wecker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe / 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 7 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 5 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newton Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business \_\_\_\_\_

12. Name Joseph Wecker

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Dwyer

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Gracie Wecker

(b) Address Wentworth Mo.

17. (a) Burial (b) Date thereof Sept. 8 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Agnes Cemetery

18. (a) Signature of funeral director William J. Russell

(b) Address Pierce City, Mo.

19. (a) 10-4-48 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5  
year 1948 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1948, to Sept 5, 1948  
that I last saw her alive on Sept 5, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 7 hrs  
Sclerosis 10 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature T. L. Edwards (M. D. or other) MD  
Address Pierce City, Mo Date signed Sept 13

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RECEIVED

District Health Officer No. 6;

District File Number 1048-1146

Date Filed 10-9-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Charles C. Schroeder

Registered Apprentice No. 227

working under my personal supervision.

Signed Robert Bennett

Licensed Embalmer No. 4243

P. O. Address Monett Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.